



First Quarter Reporting Guidance for Recipients of NEA Recovery Act Awards that are *NOT* Subgranting

9.08.09

This document provides guidance on submitting the Quarterly Reports to Federalreporting.gov for NEA Recovery Act grantee organizations who are ***not*** subgranting.

We have provided specific information (e.g., codes) for your use, as well as sample information. As new revisions become available, this document will be updated accordingly.

1. Prime Recipient

	Data Element	NEA Example	Clarifying Guidance	Mandatory, Optional, or Not Applicable.
1	Award Type	Grant	Enter "Grant."	Mandatory
2	Award Number	09-3388-7888	Enter the number on your ARRA grant award letter next to "Grant #." You must include the dashes!	Mandatory
3	Final Report	N	"N" for "No." This is your first Quarterly Report. [If your grant ended 9/30/09, or earlier, and you have requested your NEA ARRA funds, then this would be the first and also Final Report and you would enter "Y."]	Mandatory
4	Recipient DUNS Number	123456789	Enter your 9 digit DUNS number. Your organization must have a DUNS number. If you do not know it check with other staff or offices at your organization.	Mandatory
5	Recipient Account Number		This is a number <i>you</i> may have assigned to the award for your own recording keeping. If you do not have one leave it blank.	Optional
6	Recipient Congressional District	08	Enter the Congressional District of your organization. You can look up the Congressional District at www.house.gov/ . In the upper left hand corner of the webpage enter your organization's zip code +four.	Mandatory
7	Funding Agency Code	5920	Enter code "5920."	Mandatory
8	Awarding Agency Code	5920	Enter code "5920."	Mandatory
9	Award Date	07/17/2009	Enter the date from your ARRA grant award letter. Use the following format: mm/dd/yyyy.	Mandatory

10	Amount of Award	\$25,000	Enter the "Grant Amount" from the your ARRA grant award letter.	Mandatory
11	CFDA Number	45.024	Enter "45.024." This number is found on your ARRA grant award letter under " <u>Recovery Act CFDA #.</u> "	Mandatory
12	Program Source (TAS)	59-0102	Enter "59-0102." This is on your ARRA grant award letter under " <u>Program Source (TAFS).</u> "	Mandatory
13	Sub Account Number for Program Source (TAS)	417	Enter "417." These are the last 3 digits of the number found on your ARRA grant award letter under " <u>Program Source (TAFS).</u> "	Mandatory
14	Total Number of Sub-awards to individuals		Leave Blank	Not applicable
15	Total Amount of Sub-awards to individuals		Leave Blank	Not applicable
16	Total Number of payments to vendors less than \$25,000/award		Leave Blank	Not applicable
17	Total Amount of payments to vendors less than \$25,000/award		Leave Blank	Not applicable
18	Total Number of Sub-awards less than \$25,000/award.		Leave Blank	Not applicable
19	Total Amount of Sub-awards less than \$25,000/award.		Leave Blank	Not applicable
20	Award Description	To support the preservation of jobs that are threatened by declines in philanthropic and other support during the current economic downturn.	Enter the sentence after " <u>Grant Project</u> " from your ARRA grant award letter.	Mandatory
21	Project Name or Project/Program Title	Arts and the American Recovery & Reinvestment Act of 2009	Enter "Arts and the American Recovery & Reinvestment Act of 2009."	Mandatory
22	Project Status	Less than 50% Completed.	Pick either: <ul style="list-style-type: none"> • Not Started, • Less than 50% Completed, • Completed 50% or More, or • Fully Completed 	Mandatory
23	Total Federal Amount ARRA Funds Received/Invoiced	\$5,000	Enter the amount of NEA ARRA funds received through draw-down, reimbursement or advance. Example: You requested and received \$2,000 in July 2009 and requested \$3,000 in September 2009 but it isn't in your bank account by September 30th. Report \$5,000.	Mandatory

24	Number Of Jobs	1.4	<p>The NEA expects all grantees to directly and comprehensively collect the jobs information for their projects, as well as the projects of any sub-recipients and vendors; statistical sampling will <u>not</u> be accepted.</p> <p>Since the Recovery Act legislation specifically limits NEA grants to the "preservation" of jobs, your reporting should focus on preserved positions, consistent with the job(s) approved for funding support by the NEA.</p> <p>Provide the total Full-Time Equivalent (FTE) calculation for all positions preserved (employees and contractual personnel). For the purposes of this calculation, use 2,080 hours as the definition of a full-time annual schedule. Note that you should count only the hours worked that were supported by the Recovery Act funds. If your grant from the NEA authorized sub-granting, you should also report this data for your sub-recipients.</p> <p>No matter how many people are supported through your grant, all ARRA hours are to be combined into one figure for the purposes of calculating the FTE. One FTE = 520 hours per quarter.</p> <p>To find the FTE:</p> <ol style="list-style-type: none"> 1) For each supported position, add the total number of ARRA hours worked during the quarter. Use your weekly Time and Effort Reports to gather the data. 2) Add together everyone's hours to get a total. 3) Divide the total by 520 (the number of hours in a quarter) to find the total FTE for the quarter. <p><u>Example:</u> Exec Director at 130 Hrs. + Program Coordinator at 260 Hrs.+ 8 dancers at 320 Hrs. = 710 Hrs. $710 \div 520 = 1.4$ FTE</p>	Mandatory
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25	Description of Jobs Created	Artistic Manager (administrative).	<p>The jobs described here <u>must</u> correspond to the approved jobs as per your ARRA grant award letter and any amendment(s).</p> <p>For each position preserved by the direct grant from the NEA, provide the job title and type of job (i.e., artistic, administrative, educational, or technical; if the position falls into more than one category, identify the one that is primary).</p>	Mandatory
26	Quarterly Activities/Project Description	Artistic Manager and 1 Opera singer for "The Flying Dutchman" retained.	<p>Briefly note the positions supported with ARRA funds during the quarter. Do not identify what administrative staff do (e.g., artistic manager, executive director).</p> <p>The Recovery Act legislation specifically limits NEA grants to the "preservation" of jobs, your reporting should focus on preserved positions, consistent with the job(s) approved for funding support by the NEA.</p>	Mandatory
27	Activity Code (NAICS or NTEE-NPC)	J01 and A01	<p>We are only using the NTEE codes. In Box 1 enter "J01" (Employment, General/Other) in Box 2 enter "A01" (Arts, Culture & Humanities, General/Other).</p>	Mandatory
28	Total Federal Amount of ARRA Expenditure	\$3,000	<p>Enter the cumulative total amount of NEA ARRA funds received that were expended on your NEA approved ARRA grant project. This amount may be different whether you use an ACCRUAL or CASH basis of accounting. For ACCRUAL basis of accounting expenses are recorded when incurred. For CASH basis, expenses are recorded when they are paid.</p> <p>In some cases this might be slightly different than item #23 above. For example, if you drew down and received \$3,000 in September 2009, but you are spending it in October 2009 then the amounts would not match.</p> <p>On your last quarterly report, which will be your Final, you should be showing that all draw downs (receipts) match expenditures.</p>	Mandatory
29	Total Federal ARRA Infrastructure Expenditure		The NEA did not award Infrastructure funds. Leave blank.	Not applicable

30	Infrastructure Contact Name		The NEA did not award Infrastructure funds. Leave blank.	Not applicable
31	Infrastructure Contact Email		The NEA did not award Infrastructure funds. Leave blank.	Not applicable
32	Infrastructure Contact Phone		The NEA did not award Infrastructure funds. Leave blank.	Not applicable
33	Infrastructure Contact Ext.		The NEA did not award Infrastructure funds. Leave blank.	Not applicable
34	Infrastructure Contact Street Address 1		The NEA did not award Infrastructure funds. Leave blank.	Not applicable
35	Infrastructure Contact Street Address 2		The NEA did not award Infrastructure funds. Leave blank.	Not applicable
36	Infrastructure Contact Street Address 3		The NEA did not award Infrastructure funds. Leave blank.	Not applicable
37	Infrastructure Contact City		The NEA did not award Infrastructure funds. Leave blank.	Not applicable
38	Infrastructure Contact State		The NEA did not award Infrastructure funds. Leave blank.	Not applicable
39	Infrastructure State/Local Contact Zip Code + 4		The NEA did not award Infrastructure funds. Leave blank.	Not applicable
40	Infrastructure Purpose and Rationale		The NEA did not award Infrastructure funds. Leave blank.	Not applicable
41	Primary Place of Performance – Street Address 1	123 N. Happy Lanes	<p>In the majority of cases this will be the address of your organization.</p> <p>If your ARRA grant supports positions located both at your organization and elsewhere use the location where the majority of activity will occur.</p> <p>If your ARRA grant is solely for salaries and/or artist fees for activity that will take place somewhere else, (e.g., the "performance" is being held at a venue not located at your address) then put in the address of the venue.</p>	Mandatory
42	Primary Place of Performance – Street Address 2		If the address has two lines put the second one here.	Optional
43	Primary Place of Performance – City	Arlington	Enter the City, Town, or County.	Mandatory
44	Primary Place of Performance – State	VA	Enter the State.	Mandatory
45	Primary Place of Performance – Zip Code + 4	222041444	Put in the zip code + four (9-digits). No space or dash.	Mandatory
46	Primary Place of Performance - Congressional District	08	If you need to you can look up the Congressional District at www.house.gov/ . See upper left hand corner. You need the zip code + four.	Mandatory
47	Primary Place of Performance – Country	US	Enter US.	Mandatory

48	Prime Recipient indication of reporting applicability	No	<p>We have determined that none of our grantees meet the following threshold that would require a "Yes" response.</p> <p>"Yes" means that in the previous fiscal year, your organization received 80% or more of its annual gross revenues from Federal sources AND \$25,000,000 or more in annual gross revenues from Federal sources AND the public does not have access to information about the compensation of your senior executives through IRS Form 990 or as a public (government) entity.</p> <p>If after reading the abbreviated definition of the threshold, you believe that your organization does meet these criteria, please refer to the "Recipient Reporting Data Model V3.0."</p>	Mandatory
49	Prime Recipient Highly Compensated Name(5)		Given the above, we expect none of our grantees will need to provide this. Leave blank.	Not applicable
50	Prime Recipient Highly Compensated Compensation(5) (Conditional)		Leave blank.	Not applicable

2. Vendor Data Elements: must be provided below if the Prime has purchased services from a company and issued payment for \$25,000 or more this quarter.

CALL US if you think you may need to report here, as we don't expect this to be used for our grants.

	Data Element	NEA Example	Clarifying Guidance	Mandatory, Optional, Not Applicable, or System Generated.
1	Award Number – Prime Recipient Vendor			
2	Subaward Number – Sub-recipient Vendor			
3	Vendor DUNS Number			
4	Vendor Name			
5	Vendor HQ Zip Code + 4			
6	Product and Service Description			
7	Payment Amount			